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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

GERMANY 203 10 024.7 06/28/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	GERMANY	1	31 28	1
Examiner's Signature <i>Flowers</i>	Initials <i>SKB</i>			

ADDRESS

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TITLE

Device for carrying out an active motion therapy method and shaped body of such a device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 474		<input type="checkbox"/> 1.16 Fees (Filing)
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